

17439 U.S. PTO  
032604

PTO/SB/05 (08-03)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

|                        |   |
|------------------------|---|
| Attorney Docket No.    | BARSHFSKY 4-2-2                                     |
| First Inventor         | Alvin Barshefsky                                    |
| Title                  | Methods And Systems For Software Release Management |
| Express Mail Label No. | EV419159554US                                       |

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032604

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification (Total Pages )  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets )
- Oath or Declaration (Total Sheets )
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ Paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS) PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☒ Other: Credit Card Payment Form; and Certificate of Mailing by Express Mail

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number

36122

OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Daniel N. Fishman

Registration No. (Attorney/Agent)

35,512

Signature

Date

March 26, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Certificate of Mailing under 37 CFR 1.10**

|                        |                  |
|------------------------|------------------|
| Application Number     |                  |
| Filing Date            |                  |
| First Named Inventor   | Alvin Barshefsky |
| Examiner Name          |                  |
| Attorney Docket Number | BARSHEFSKY 4-2-2 |

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage in an Express Mail envelope bearing label number: EV419159554US, addressed to:

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On March 26, 2004  
Date



Signature

Julie M. Jung

Typed or Printed Name of Person Signing Certificate

Utility Patent Application Transmittal (1 page)  
Fee Transmittal (1 page) in Duplicate  
Credit Card Payment Form  
Specification (20 pages)  
Drawings (5 pages)  
Combined Declarations and Powers of Attorney (12 pages)  
Application Data Sheet (3 pages)  
Recordation Form Cover Sheet (1 page) and Assignment (6 pages)  
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 810

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   |                  |
| Filing Date          |                  |
| First Named Inventor | Alvin Barshefsky |
| Examiner Name        |                  |
| Art Unit             |                  |
| Attorney Docket No.  | BARSHEFSKY 4-2-2 |

| METHOD OF PAYMENT (check all that apply)  |          | FEE CALCULATION (continued)  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|----------|--|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|-----|-------------------------------------|-----|--------|-----|-------------------|----|--|-----|--------------------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|--------------|--------|-----------------|----------|---|----------|----------|----------|------|----|--|---|------------------------|-----|------|-----|---|----|-----------------------------------|-----|------|-----|--|-----|---------------------------------------|-------|------|-----|---|----|--|-------|------|-------|--|---|--|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br>Order   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br><br>Deposit Account Number: 502622<br><br>Deposit Account Name: Duff Setter Oilila & Borsen LLC   |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>185</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>185</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65  | Surcharge - late filing fee or oath |     | 1052   | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053               | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840* | 1805            | 1,840*   | Requesting publication of SIR after Examiner action |          | 1251     | 110      | 2251 | 55 | Extension for reply within first month |   | 1252                   | 420 | 2252 | 210 | Extension for reply within second month |    | 1253                              | 950 | 2253 | 475 | Extension for reply within third month |     | 1254                                  | 1,480 | 2254 | 740 | Extension for reply within fourth month |    | 1255   | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |   | 1401   | 330 | 2401 | 185 | Notice of Appeal |  | 1402 | 330 | 2402 | 185 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130      | 2051   | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50       | 2052   | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130      | 1053   | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520    | 1812   | 2,520    | For filing a request for reexamination                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*     | 1804   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*   | 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110      | 2251   | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 420      | 2252   | 210      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 950      | 2253   | 475      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,480    | 2254   | 740      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,010    | 2255   | 1,005    | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 330      | 2401   | 185      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 330      | 2402   | 185      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 290      | 2403   | 145      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510    | 1451   | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110      | 2452   | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,330    | 2453   | 665      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,330    | 2501   | 665      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 480      | 2502   | 240      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 640      | 2503   | 320      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130      | 1460   | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50       | 1807   | 50       | Processing fee under 37 CFR 1.17 (q)                                       |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180      | 1806   | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40       | 8021   | 40       | Recording each patent assignment per property (times number of properties) | 40       |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 770      | 2809   | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 770      | 2810   | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 770      | 2801   | 385      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900      | 1802   | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p>SUBTOTAL (1) (\$) 770</p>  |          | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee | 770 | 1002                                | 340 | 2002   | 170 | Design filing fee |    | 1003   | 530 | 2003               | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005                                   | 160 | 2005 | 80   | Provisional filing fee |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 770      | 2001   | 385      | Utility filing fee   | 770      |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 340      | 2002   | 170      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 530      | 2003   | 265      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 770      | 2004   | 385      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160      | 2005   | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>17</td><td>-20 **</td><td>= 0</td><td>X</td><td></td><td>=</td><td>0</td></tr><tr><td>Independent Claims</td><td>3</td><td>-3 **</td><td>= 0</td><td>X</td><td></td><td>=</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>X</td><td></td><td>=</td><td>0</td></tr></tbody></table><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> <p>SUBTOTAL (2) (\$) 0</p> |          | Total Claims   |          | Extra Claims   |          | Fee from below  |          | Fee Paid        |          |          |          |          |          |      |     |                    |     | Total Claims                        | 17  | -20 ** | = 0 | X                 |    | =  | 0   | Independent Claims | 3   | -3 **            | = 0 | X                         |     | =    | 0     | Multiple Dependent |       |  |     | X    |      | =                      | 0    | Large Entity   |  | Small Entity |        | Fee Description | Fee Paid | Fee Code  | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202                                   | 9 | Claims in excess of 20 |     | 1201 | 86  | 2201                                    | 43 | Independent claims in excess of 3 |     | 1203 | 290 | 2203                                   | 145 | Multiple dependent claim, if not paid |       | 1204 | 86  | 2204                                    | 43 | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205                                   | 9 | ** Reissue claims in excess of 20 and over original patent |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims  |          | Extra Claims   |          | Fee from below   |          | Fee Paid        |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims  | 17       | -20 **   | = 0      | X  |          | =               | 0        |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims  | 3        | -3 **  | = 0      | X  |          | =               | 0        |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent  |          |  |          | X  |          | =               | 0        |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202   | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 86       | 2201   | 43       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 290      | 2203   | 145      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 86       | 2204   | 43       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205   | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above  |          | Other fee (specify) _____  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          | *Reduced by Basic Filing Fee Paid  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          | SUBTOTAL (3) (\$) 40   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |     |                                     |     |        |     |                   |    |  |     |                    |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |                 |          |   |          |          |          |      |    |  |   |                        |     |      |     |   |    |                                   |     |      |     |  |     |                                       |       |      |     |   |    |  |       |      |       |  |   |  |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

| SUBMITTED BY      |                   | Complete (if applicable)          |                       |
|-------------------|-------------------|-----------------------------------|-----------------------|
| Name (Print/Type) | Daniel N. Eishman | Registration No. (Attorney/Agent) | 35,512                |
| Signature         |                   | Telephone                         | 303-838-9999, ext. 21 |
|                   |                   | Date                              | March 26, 2004        |

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